



Montgomery County Hospital District EMS
Fall 2026
EMT- Basic Course Syllabus/Student Contract

GENERAL INFORMATION

COURSE DESCRIPTION:

Preparation for certification as an Emergency Medical Technician – Basic (EMT-B) includes all the skills necessary to provide emergency medical care at a basic life support level, with an emergency service or other specialized services. Students who successfully complete this program are eligible to take the National Registry examination required for state licensure.

ADMISSION REQUIREMENTS:

- 18 years by the first day of class
- High School Diploma OR GED
- Clear Criminal Background Check (approved by clinical agencies)
- Pass a drug screen
- Submit vaccination documents (See below)
- Maintain health insurance

DISCLAIMER:

The course schedule is an outline to the class. All items within the course schedule are subject to change based on the best outcome for students and the class. These items may be changed at the discretion of the course coordinator or lead instructor. We will attempt to provide ample notice to all students. Students who are absent are RESPONSIBLE for missed course work or changes/ alterations to the schedule.

This course is NOT easy. You are entering the medical profession and as such there are standards we MUST uphold. YOU ARE REQUIRED to ATTEND class, READ the textbook, STUDY outside of class, COMPLETE assignments (workbook); PARTICIPATE in clinical rotations; DEMONSTRATE skills proficiency and participate in discussions and applications of concepts presented. If you choose NOT to prepare yourself, do NOT expect to do well in the course. To be good at anything you do requires repetition to become proficient. This class equates to 6 college credit hours. As such you should spend on average 10-16 hours per week (OR 1-2 hours per day), in addition to class, reading and reviewing. This course prepares you to help people on their worst day ever; do them the service of preparing yourself to provide the BEST emergency medical care possible. If you intend to obtain advanced levels in EMS, you must first be competent in your basic knowledge and skills.

SCOPE OF PRACTICE

The primary focus of the Emergency Medical Technician is to provide basic emergency medical care and transportation for critical and emergent patients who access the emergency medical system. This individual possesses the basic knowledge and skills necessary to provide patient care and transportation. Emergency Medical Technicians function as part of a comprehensive EMS response, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance. The Emergency Medical Technician is a link from the scene to the emergency health care system.

EXPLICIT & SENSITIVE TOPICS

This class will openly discuss and view material regarding anatomy and the physiology of the human body that some may consider to be offensive. Students are expected to perform a hands-on patient assessment to evaluate and identify medical and trauma conditions. This is first done in the classroom on either manikins,

fellow students, or simulated patients. In order to identify and treat medical or trauma conditions, you must be able to locate and identify the problem. Additionally, this class will discuss religious, moral, ethical situations (ex: DNR) that may conflict with individual student's personal spiritual, or moral views.

FIREARMS POLICY

To align with MCHD policies and employee expectations, it is expressly forbidden for students, including law enforcement officers, to carry firearms or weapons while on MCHD premises, regardless of ownership or lease status. This prohibition extends to individuals undergoing core competency evaluations as part of their educational program or as an observer at MCHD. We anticipate that this directive will enhance clarity and focus on the patient's medical needs in the pre-hospital environment.

MEDICAL DIRECTOR(S)

This course is overseen by the Montgomery County Hospital District EMS (MCHD-EMS) Medical Directors.

Primary Medical Director: Dr. Casey Patrick

Associate Medical Director: Dr. Mike DePasquale

Medical Directors are licensed to practice in Texas and are Board Certified in Emergency Medicine.

INSTRUCTORS

Jay Roberts – DSHS Course Coordinator, MCHD Education Supervisor

Joe Craig – Lead EMT Instructor

Calvin Hon – Assistant EMT Instructor

Various Skills Instructors – MCHD staff used to help teach hands on class portions

COURSE SCHEDULE

The schedule will be provided separately

COURSE OUTCOMES:

- Applies fundamental knowledge of the EMS system, safety/well-being of the EMT, medical/legal and ethical issues to the provision of emergency care.
- Applies fundamental knowledge of the anatomy and function of all human systems to the practice of EMS.
- Uses foundational anatomical and medical terms and abbreviations in written and oral communication with colleagues and other health care professionals.
- Applies fundamental knowledge of the pathophysiology of respiration and perfusion to patient assessment and management.
- Applies fundamental knowledge of life span development to patient assessment and management.
- Uses simple knowledge of the principles of illness and injury prevention in emergency care.
- Applies fundamental knowledge of the medications that the EMT may assist/administer to a patient during an emergency.
- Applies knowledge (fundamental depth, foundational breadth) of general anatomy and physiology to patient assessment and management in order to assure a patent airway, adequate mechanical ventilation, and respiration for patients of all ages.
- Applies scene information and patient assessment findings (scene size up, primary and secondary assessment, patient history, and reassessment) to guide emergency management.
- Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely ill patient.
- Applies fundamental knowledge of the causes, pathophysiology, and management of shock, respiratory failure or arrest, cardiac failure or arrest, and post resuscitation management.
- Applies fundamental knowledge to provide basic emergency care and transportation based on assessment findings for an acutely injured patient.

- Applies a fundamental knowledge of growth, development, and aging and assessment findings to provide basic emergency care and transportation for a patient with special needs.
- Knowledge of operational roles and responsibilities to ensure safe patient, public, and personnel safety
- Perform a basic history and physical examination to identify acute complaints and monitor changes. Identify the actual and potential complaints of emergency patients.
- Communicate in a culturally sensitive manner.
- Perform a patient assessment and provide prehospital emergency care and transportation for patient complaints: abdominal pain, abuse/neglect, altered mental status/decreased level of consciousness, anxiety, apnea, ataxia, back pain, behavioral emergency, bleeding, cardiac arrest, cardiac rhythm disturbances, chest pain, constipation, cyanosis, dehydration, diarrhea, dizziness/vertigo, dysphasia, dyspnea, edema, eye pain, fatigue, fever, GI bleeding, headache, hematuria, hemoptysis, hypertension, hypotension, joint pain/swelling, multiple trauma, nausea/vomiting, pain, paralysis, pediatric crying/fussiness, poisoning, rash, rectal pain, shock, sore throat, stridor/drooling, syncope, urinary retention, visual disturbances, weakness, and wheezing.
- Master the cognitive and psychomotor objectives for Emergency Medical Technician <https://www.ems.gov/projects/ems-education-standards.html>
- Apply operational principals in out-of-hospital environments.
- Demonstrate lifesaving care to patients at the Emergency Medical Technician (EMT) level.
- Display professional and ethical behaviors expected of emergency personnel
- Perform history and physical examination.
- Work independently and in small groups to identify, diagnose and treat patients.
- Participate in a process for resolving differing opinions on appropriate diagnosis and treatment of emergency patients.

TEXTBOOK & ELECTRONIC RESOURCES

The following texts are provided by the program unless otherwise indicated by your instructor.

- Emergency Care and Transportation of the Sick and Injured 12th Ed TEXTBOOK. EMT ADVANTAGE ACCESS (PAPER), Jones & Bartlett Learning (ISBN: 9781284243796), 2021, American Academy of Orthopedic Surgeons (AAOS)
 - INCLUDES: Navigate 2.0 Companion Website for EMT Preferred Package
- Emergency Care and Transportation of the Sick and Injured 12th Ed STUDENT WORKBOOK. Jones & Bartlett Learning (ISBN-9781284243802), 2021, American Academy of Orthopedic Surgeons (AAOS) at Instructor Discretion
- Platinum Testing: Online testing resource used for major exams

COURSE COMPLETION & ELIGIBILITY FOR NREMT TESTING

Successful course completion consists of the following:

1. Passing Didactic (classroom portion of course)
70 Course Average
 - a. 70 on Final Exam (with 1 retest if passing the COURSE including the FAILED grade) –
 - i. *Note that this is for course completion credit ONLY*
2. Complete ALL Online Required Courses (Jurisprudence and NIMS)
3. Completing all clinical components (See Clinical Policy)
4. Passing all skills proficiency (See Skills Proficiency Policy)
5. An affective average of 70 or higher at the end of the course.

DEADLINES FOR CLINICAL PREREQUISITES

The following ITEMS are required for Clinical Rotations. Required DATES are below. These are HARD dates due to clinical orientation and scheduling. Failure to complete these items will result in either class or clinical suspension at the discretion of the course coordinator.

PRIOR TO 1ST CLASS DAY

Required Documentation – **Must be uploaded BEFORE you will be accepted into the program**

All documentation must be uploaded to the students Polischool Portal prior to being accepted into the program. Students with incomplete, illegible, or out of date records will not receive course admissions approval.

- **Baseline Physical Exam** (must be evaluated by a MD, DO, PA, or NP)
 - Must be cleared for full duty without restrictions
- **Proof of Health Insurance**
 - Must indicate the student's name on the card OR student must provide additional documents with proof the STUDENT is covered.
- **Immunizations or Titrers:** Each student is required to have the following vaccinations or show proof of titer. Any costs associated with this are to be incurred by the student. All documents must be uploaded to the document tracker portal. Specific questions regarding vaccinations must be discussed with the course coordinator.
 - **TB Test:** PPD or TB Gold. Those who are known to test positive are required to receive a Chest X-Ray that shows now active TB infection on the radiology report.
 - **Hepatitis B Vaccine:** Begin series or ALL dates of vaccination OR proof of positive titer
 - **MMR:** 2 vaccines OR proof of positive titer
 - **Varicella:** 2 vaccines OR proof of positive titer
 - **TDaP:** Proof of vaccine within past 10 years
 - **Seasonal Flu Vaccine:**
 - Seasonal Flu vaccine will be required once available. Students will be notified and given one week to obtain a flu vaccine
 - The flu vaccine CAN be declined but student may be required to wear additional PPE at the discretion of the clinical affiliate

Other vaccinations may be emergently mandated due to local, regional or state health concerns.

Requirements **AFTER** class has started:

- **HIPAA Training:** Online training for patient confidentiality access will be given to the students once class starts
- **Background Check:** After the start of class, a background check will be conducted on each student. Students with any criminal record above a Class C Misdemeanor may be dismissed from the program without a refund. Students with known criminal backgrounds are encouraged to follow the DSHS EMS Pre Screening Petition to assure they are eligible for licensure. Information can be found at <https://www.dshs.texas.gov/dshs-ems-trauma-systems/applications-forms>
 - Students with ANY felony will not be eligible to participate in the program
 - Students with violation above a Class C Misdemeanor will be counseled individually. Clinical sites retain discretion to deny students for any criminal background findings. Students who are ineligible for clinical rotations will not be eligible for course completion.
- **Drug Screen:** Students will be required to complete a urine drug screen after the start of class or for cause at any time during the program
 - The test includes the following: Amphetamines, Barbiturate, Cocaine, Cannabinoids, Methaqualone, Opiates, Phencyclidine, Benzodiazepines, Methadone, Propoxyphene, Urine Alcohol

COURSE PAYMENTS

Payments for the EMT course is due seven days prior to the first scheduled day of the EMT course. Students who do not pay by the due date will be dropped from the course. Payment is required in full to secure a spot in the upcoming course. Payment is made via the approved payment vendor. MCHD does not accept cash, check, student loans, grants, or other government or private payment plans not associated with the approved payment vendor.

FEE BREAKDOWN

Course fees are comprised of the following:

- Registration Fee: \$375
 - o This fee is **non-refundable** for anyone who enrolls in the course.
- Materials Fee: \$450
 - o This fee covers materials provided to the student by MCHD. After the first scheduled day of the course this fee is **non-refundable**
- Course Tuition: \$825
 - o This fee is the cost of tuition. Any student who drops the course before the 15th calendar day of the scheduled class start may be eligible for a refund of the course tuition portion only.

CHAIN OF COMMAND

All questions should first be addressed the Lead EMT Instructor, then to the course coordinator.

COMMUNICATING WITH INSTRUCTORS AND STAFF

Students shall use Webex or email to contact the lead instructor, if they have questions or concerns regarding class, quizzes, absenteeism, clinical scheduling, etc. Students unable to reach the lead instructor or who need to contact the course coordinator may do so via Webex, Email, or Phone. Texting messaging is not an approved form of communication.

Here are few things to remember:

- **Emails are typically acknowledged within 48 hours of response. Emails received weekends or holidays will be answered the following week**
- Webex in an official mode of communication and students are expected to monitor their Webex account for information from program staff.
- When emailing, please identify yourself by first and last name and the class you are enrolled. We may have multiple classes occurring at various locations. Emails without the student's full name in them will be ignored
- **PLEASE DO NOT CALL AFTER 6PM UNLESS IT IS AN EMERGENCY. Webex does offer a calling feature that should be used when calling the lead instructor**
- Please be professional in your email and Webex communication. Official communication should be delivered by email rather than Webex
- ADD your lead instructor in all emails to the Course Coordinator or Clinical Coordinator.
- If you are going to be LATE or ABSENT from a CLINICAL, YOU MUST contact the lead instructor as soon as possible. Failure to do this will result in a NO CALL/NO SHOW and course suspension/expulsion.
- If you are going to be late to class, please contact the lead instructor

GRADING POLICY

COURSE GRADING

To successfully complete the classroom portion of this course you

Quizzes	Five (5) attempts per quiz. The HIGHEST will be recorded.
Major Exams	Only ONE (1) Exam attempt retest per course <ul style="list-style-type: none">• Course Instructor will decide when 2nd attempt will occur, typically within 2 business days.• 2nd Attempt: Max grade of 70
Final Exam Grade	70 or BETTER If the student fails the final exam, the overall average in the gradebook MUST be passing with the failed final exam to be eligible for a final exam retest. Only one final exam retest will be offered.
Overall Average	70 or BETTER

Students can review their grade progress at any time on the JB Learning companion website to the textbook.

The overall grade will be calculated as follows:

Content Area	Percentage	Specific Items
Daily Grades	10%	<ul style="list-style-type: none">• Chapter Quizzes• Vocabulary Quizzes• Required Online Courses (NIMS)
Exams	25%	<ul style="list-style-type: none">• All Module Exams
Final Exam	35%	<ul style="list-style-type: none">• Final Exam Must score >70%
Clinical	20%	<ul style="list-style-type: none">• Clinical review, paperwork and documentation
Affective	10%	<ul style="list-style-type: none">• Skills, Participation, Attendance, Responsibility MUST be over 80%
TOTAL	100%	Overall Grade Must be 70%

Letter Grade Criteria

A:	90-100
B:	80-89
C:	70-79
F:	Below 70

- Major Exams are on the course schedule. The instructor may alter when these are given based on the pace of the course, coverage of the material, or other unforeseeable factors. Prior to modification to any exam schedule the lead instructor must consult with the Course Coordinator.
- We try our best to provide you an awareness of when all tests, quizzes, and homework is due on the schedule. However, the instructor may alter when these are given based on the pace of the course, coverage of the material, or other unforeseeable factors. Major modifications must be cleared by the

course coordinator.

- The instructor reserves the right to add pop quizzes or other graded assignments not on the schedule as they see fit.

AFFECTIVE ASSESSMENT

The affective assessment is designed to evaluate the soft skills required of an EMS professional. These can include but are not limited to integrity, respect, time management, teamwork, and self-motivation. As this course emphasizes the development of discussion, skills, team care, critical thinking skills; participation in the class discussions and activities is crucial. The affective grade essentially sums up the student's motivation to participate in the course. To pass the affective assessment students need to be attentive. These categories will be evaluated each class by your lead instructor and a weekly grade will be entered into the gradebook. Students must maintain an overall average of 80% to be eligible to sit for the final exam. Weekly affective assessment grades will be entered into the LSM system so students will know their overall average at any time. These grades are the judgement of the Lead EMT instructor or their designee and are not subject to appeal. These traits are required of EMS providers in the field. Now is the time to hone these skills. We all have bad days, make mistakes, and forget things. Failing one affective assessment will not prevent the student from passing the course. Students who fail the affective assessment portion of the class have displayed a repeated pattern of failing to demonstrate the affective skills required to be an EMT.

MISSED WORK, EXAMS, QUIZZES, ASSIGNMENTS

It is the student's responsibility to be aware of scheduled exams, quizzes and skill testing dates. Review your course schedule several times during the week to ensure you are meeting due dates. **STUDENTS ARE EXPECTED TO COMMUNICATE WITH THE LEAD INSTRUCTOR REGARDING ABSENCES THAT HAVE RESULTED IN MISSED GRADED CONTENT.** The student is expected to make arrangements to resolve these within 1 week of return from the absence, otherwise a "0" will be entered in to the gradebook. It is at the discretion of the lead instructor to establish mutual agreed upon timelines and deadlines.

ONLINE Quizzes administered through the textbook companion website: It is the student's responsibility to complete the quizzes and/or exams in the prescribed timeframe. Students are given ample opportunity to complete these tasks and assignments. Students not completing the assignments in the prescribed timeframe will be awarded a "0" unless there are unforeseen circumstances that must be communicated to the course instructor in a timely manner. It is the instructor's OR course coordinator's discretion to allow makeups to occur. A student who repetitively fails to complete these assignments will be deemed derelict in their course duties and no further "extra" time will be granted. Essentially, complete the work by the deadlines assigned.

Being absent for an exam is discouraged. If the student is aware of the absence prior, then the student should make arrangements to take the exam early. Students who miss an exam may be tested using a different exam. If a student misses two or more exams, they will be counseled regarding their absenteeism.

HOMEWORK/WORKBOOK

Homework is designed to reinforce critical concepts. Studying for this class is considered homework and as such the student is expected to review and prepare themselves accordingly.

MAJOR EXAMS

Major exams *may* be a combination of multiple choice, select all that apply, drag and drop, matching, or any other question format utilized by the NREMT Exam. ALL EXAMS ARE CUMULATIVE.

Remediation opportunities for major exams are at the discretion of the instructor. Students will *not* be provided with copies of exams. Instructors will not review exact questions and answers with students but rather review content and objectives related to exam material.

RETESTS

MAJOR EXAMS: Students are limited to (1) ONE exam retest **per program**.

When retesting an exam, the results will NOT be averaged. If the student PASSES the EXAM on the 2nd attempt, the grade assigned will be a 70. If the student does NOT pass, the higher grade will be recorded.

The Final Exam MAY be retested IF the following are met:

- The OVERALL Course grade is 70 or greater with the failed grade recorded in the grade book. Students must pass the final exam to receive course credit

ABSENTEE POLICY

STUDENTS ARE EXPECTED TO COMMUNICATE WITH THE LEAD INSTRUCTOR REGARDING ABSENCES THAT HAVE RESULTED IN MISSED GRADED CONTENT.

Students missing greater than **10%** of the course classroom hours may be dropped from the course. A decision will be reached by the course coordinator and lead instructor based upon the student's body of work and mitigating factors. Students are expected to be aware of their absences.

For example, an EMT Class has 196 classroom hours. 10% of 196 equates to 19.6 hours total, rounded up to 20 hours. If a class meets 4 hours each session, then that equates to 5 class days.

Refer to the course schedule for the total number of class hours.

NO CALL or NO SHOW from a clinical is grounds for suspension and removal from the program.

Excessive tardiness will result in a full class day absence at the discretion of the instructor. The expectation is that you will be present when class begins. **Students missing more than 15 minutes of class may be counted as absent at the discretion of the lead instructor. This includes leaving class early, arriving late, or missing more than 15 minutes for any reason.**

CONDUCT and ACADEMIC INTEGRITY

EQUAL OPPORTUNITY

Montgomery County Hospital District and its agents do not tolerate or condone discrimination based on Race, Sex, Creed, National Origin, Sexual Preference, Age, Handicap or Medical Problems. Infractions or concerns regarding this should be directed to the Program Director.

CONDUCT

All MCHD Education Program policies are expected to be followed. Conduct issues will be dealt with as follows:

First Tier: Course Lead Instructor

Second Tier: Course Coordinator

SOCIAL MEDIA

Many students and staff use social media. It is the stance of this program to discourage “friending” between instructional staff and students during the course. Additionally, ALL must realize that what is posted, becomes public domain. If you are unsure if you should be posting something, then do not. Furthermore, posting is NOT TO occur during any clinical or field rotations. HIPAA prevents you from posting about any patients, or calls you respond to during your clinical rotations. **This is grounds for immediate dismissal.**

CLASS UNIFORM

- Students shall comply with the course uniform policy while in class or on clinical. See uniform policy below
- Students will be given the opportunity to try on uniforms during one scheduled class date. Students who are absent or do not try on uniforms will be given 1 week to make arrangements with the uniform supplies to try on uniforms in person at the vendor’s store front.
 - Students who fail to try on and order uniforms within the allowed time frame will forfeit the uniform cost included in their tuition
 - Students who’s issue uniform is determine to be soiled, ill fitting, or otherwise not appropriate for class or clinical will be responsible for replacing their uniform through the approved vendor. Students will be given a timeframe to obtain a replacement uniform
 - Students without a uniform will not be able to participate in clinical activities.
- Prior to uniforms being provided for the student:
 - Class attire should be free of any lude, lascivious, crude, sexually explicit or disrespectful language or images. Students are to wear clothing appropriate for the classroom environment.
 - Once students receive their uniform, they will be expected to be in uniform at all times when participating in course activities including class and clinical.
- The instructor may deem clothing inappropriate, and the student may be asked to change. The instructor has the authority to ask the student to change into more appropriate clothing. It is the student’s responsibility to wear clothing designated by the uniform policy.
- If the course meets via online web streaming platforms, students and instructors will be dressed appropriately and ready to engage in class participation.
- **Shirts must be tucked in at all times when in class and on clinical rotations**
- **Students are not to change in any parking lot. Bathrooms are provided inside to change clothes in private.**

WHAT IS THE OFFICIAL STUDENT UNIFORM

- Issued MCHD Uniform Pants
- Issued Student Uniform Shirt with undershirt
- Issued Black Belt
- Photo Identification badge (issued by MCHD-EMS)

The items below are provided at the student’s expense:

- Black boots or shoes (closed toe)
- Watch with second hand (for taking vitals)
- Notepad
- **Facial Hair: Neat and trimmed mustaches. Per MCHD Policy facial hair may not extend below the corners of the mouth. No beards or goatees allowed**
- Hair: Neat and trimmed. Long hair must be pulled back and off the collar
- Fingernails: clean and trimmed to a reasonable length and color shall be limited to white, clear or flesh tone.
- Sunglasses WILL NOT be worn in place of Safety Glasses.

The uniform is to be worn for **all classroom and clinical activities**. Deviation from this must be approved by the lead instructor or course coordinator. Students must maintain the grooming standards at all times.

NOTE: The uniform is NOT to be worn outside of classroom and approved clinical activities.

Unacceptable Uniform Accoutrements

- Necklaces
- Ear Rings
- Nose Rings
- Other Facial or Tongue Piercings
- Heavy cologne or perfume

General Provisions, Personal Hygiene and Appearance

- Students will be clean, bathed, and free of dirt and body odor. Students will be prepared to engage the public at the beginning of the shift.
- Uniform will be neat, cleaned, ironed (if needed) and free of dirt and stains. Foot wear is to be clean and intact. Shirt and pants free of holes, rips and tears. **Shirts are to be tucked in and buttoned/zippered appropriately. Boots must be zipped up and/or laced properly.**
- The preceptor (ER and EMS) has the authority to send the student home if the clinical uniform is unsatisfactory. Students SHALL conduct themselves with the utmost professional demeanor. Students will ensure that patient confidentiality is maintained.
- Students are guests at the clinical facility and EMS station. As such the student should quickly agree to assist the staff or preceptor with any part of their daily duties, station duties, daily chores, and, patient care. Students who refuse to engage in patient care activities will be considered insubordinate and suspended from clinical until and investigation is performed.

ACADEMIC INTEGRITY POLICY

The EMS Professions program is committed to a high standard of professional integrity and moral character. To ensure that patient safety comes first, anyone violating the below mentioned standards will be immediately withdrawn from the EMS Professions program.

MCHD is committed to a high standard of academic integrity in the academic community. In becoming a part of the academic community, students are responsible for honest and independent effort. Failure to uphold these standards includes, but is not limited to, the following: plagiarizing written work or projects, cheating on exams or assignments, collusion on an exam or report, and misrepresentation of credentials or prerequisites when registering for a course. Cheating includes looking at or copying from another student's exam, orally communicating or receiving answers during an exam. Plagiarism means passing off as his/her own ideas or unauthorized copy or writings of another (that is, without giving proper credit by documenting sources). Plagiarism includes submitting a paper, report, or project that someone else has prepared, in whole or in part. Collusion is inappropriately collaborating on assignments designed to be independently. These definitions are not exhaustive.

When there is evidence of cheating, plagiarism, collusion or misrepresentation, the lead course instructor or course coordinator will take disciplinary action including, but not limited to: requiring the student to retake or resubmit an exam. Additional sanctions including being withdrawn from the course, program, notification of the Texas Department of State Health Services, or expelled from school may be imposed on a student who violates

the standards of academic integrity.

Students are prohibited from copying, video recording, using screen capture software, or otherwise obtaining duplicates, reproductions, replicas, facsimiles, or imitations of any exam material other than what is directly provided by the course instructional staff. Any student caught attempting to perform any of the above actions will be subject to the discipline policy up to and including immediate removal from the program at the sole discretion of the Course Coordinator.

Students are prohibited from sharing any information regarding past examinations, whether that be orally, in writing, electronically, etc. Any student who is determined to have shared or received information will be reported to the appropriate authorities. **Students who learn of such data sharing are obligated to report to an instructor.**

IMMEDIATE ACTION DISCIPLINE PROTOCOL for SUSPENSION and/or EXPULSION

- HIPAA BREACHES
- THEFT
- MISREPRESENTING YOURSELF AS A CERTIFIED EMS PROFESSIONAL
- CAUGHT CHEATING ON ANY EXAM, QUIZ OR TEST
- COPYING, ATTEMPTING TO COPY OR OTHERWISE OBTAIN REPRODUCTIONS OF ANY COURSE EXAM, QUIZ OR OTHER SECURED TESTING MATERIAL
- ALLOWS ANOTHER TO CHEAT
- FAILS TO REPORT A KNOWN ATTEMPT TO CHEAT BY ANOTHER
- FAILS TO REPORT ANY OBSERVED CHEATING BY OTHERS
- FALSIFICATION OF ANY CLINICAL PAPERWORK, EITHER BY OMISSION OR COMMISSION
- ENGAGES in any activity that is considered to be ASSAULT or HARRASSMENT in nature towards or perceived by a fellow student, staff member, clinical staff member or patient. This includes but is not limited to verbal, physical, sexual, discriminatory or otherwise untoward behavior.
- CLINICAL NO CALL/NO SHOW unless corroborating extenuating circumstances exist.
- Students arriving for class under the influence, in possession OR suspecting of being under the influence of alcohol or drugs during class or clinical rotation **WILL BE REMOVED FROM THE CLASS OR CLINICAL SESSION. An MCHD Supervisor and Course Coordinator will be contacted and a drug and alcohol test will be conducted for cause at the student's expense**

DELAYED DISCIPLINARY ACTION PROTOCOL:

The following protocol shall be utilized by the course instructor for infractions that do not fall under the basis of immediate expulsion. Should the infraction be of a significant nature, this protocol may be amended by the instructor to account for the severity of the infraction. Only the Coordinator/Director can expel a student from the EMS Program. This is based on recommendation from the lead instructor.

- **First Offense:** Verbal Warning accompanied by written documentation placed in the student's file.
- **Second Offense:** Written Warning to be placed in the student's file.
- **Third Offense:** Written Disciplinary action documented.
- **Fourth Offense:** Dismissal from the course.

OTHER CONDUCT RULES

Infractions listed below will result in counseling and possible removal from the course.

- Use of Tobacco/Vape Products is not permitted in the building and must be used in an appropriate location.
- Disrupting, undermining or insubordinate behavior towards other students, adjunct instructors, lead instructors, preceptors or ancillary staff will not be tolerated. Such behavior is counterproductive and disrespectful and has no place in EMS. The lead instructor reserves the right to ask the student to leave

the classroom for the above listed behavior.

- Negligently or willfully damaging equipment, resources or items used during the conduction of the class. Student will be held responsible for any equipment damaged if they were at fault.
- Students will not deface desk, walls or any other school property and will be held responsible for repairs of any damage caused.
- Any student who becomes involved in a physical altercation with another student, faculty or staff.
- Lying or misrepresentation of the truth.

GENERAL CONSIDERATIONS

- Cell Phones and other electronic devices **are used at the sole discretion of the lead instructor. SMART-WATCHES AND CELL PHONES ARE NOT ALLOWED DURING QUIZZES OR EXAMS.**
- Hats or sunglasses will not be worn in the classroom. Sunglasses may be worn during EMS Clinical rotations. Hats do not belong in the clinical environment and are not acceptable during clinical rotations
- Students are expected to give the instructional staff their fullest cooperation and participation.
- All students are required to bring all necessary materials to class each meeting (i.e.: books, workbooks, pen, pencil, note paper, etc.). This may include a computer, tablet, or other device to access online content.
- Students are allowed to eat or drink in the classroom at the discretion of the instructor. The classroom and other facilities will be the responsibility of the students to keep clean, neat and orderly at all times.
- Students may be assigned other duties by the instructional staff and/or class designee and are expected to fulfill their assigned duties in a proper and professional manner.
- Computers, Tablet PC's Etc.: Students may use these to take notes or to follow along in an eBook. However, if the device becomes a distraction for the student, classmates or instructor you will be asked to turn them off and put away.
- Students taking prescription medication that might impair their ability to function at a safe and normal level should seek counsel with the lead instructor or course coordinator to discuss the circumstances. Additional documentation may be required to ensure the student is capable of participating in all aspects of the course.

ADA STATEMENT:

It is the policy of the National Registry of Emergency Medical Technicians (NREMT) to administer its certification examinations in a manner that does not discriminate against an otherwise qualified applicant. As such Montgomery County Hospital District Initial EMS Education Programs subscribes to the NREMT guidelines. Our goal is to prepare the candidate to be successful in the cognitive and psychomotor exams.

The National Registry of Emergency Medical Technicians offers reasonable and appropriate accommodations for the written and psychomotor components of the registration examination for those persons with documented disabilities, as required by the Americans with Disabilities Act (ADA).

The National Registry urges candidates requesting any accommodation to submit such requests as early as possible to provide adequate time to resolve any documentation issues that may arise. At a minimum, all requests for accommodations must be received by the National Registry no less than thirty (30) days before the scheduled test date.

Students should visit <https://www.nremt.org/Policies/Examination-Policies/ADA-Accommodations> for details on the NREMT ADA accommodations policy

Documentation of the disability must be sent to the course coordinator. Accommodations provided in the classroom setting should be approved in consultation with the disability coordinator and a disability expert (generally an educational psychologist).

ILLNESSES, INJURIES AND RETURN TO CLASS

Injuries, severe illnesses, and exposures that occur during the courses (during class, outside of class, in a clinic, hospital, or ambulance rotation) **must be reported** to the lead instructor. Students may be removed from clinical or classroom activities, for any illness or injury that instructional staff may feel increases risk of exposure to others or worsening of the individual's own medical condition.

Students may be unknowingly be exposed to illness carried by others involved in pre-hospital medicine as health care providers and/or patients. Students are strongly encouraged to maintain a close evaluation of their own personal medical health while in training and seek professional medical attention of any concerns. Students with prescribed medications, which may affect your ability to perform safely in this course, must be reported to the lead Instructor.

If an injury or illness **results in physical limitations**, a written explanation from a medical provider may be requested. This explanation should include the physical limitations and duration of the limitations. Before a student may return to physical activities, the student must present a written release from their healthcare provider. Continued participation will be on a case-by-case basis with input from the lead instructor.

Items considered will be length of absence, length of course remaining, assignments outstanding, and amount of material missed. It may be in the best interest of the student if the missed time is extensive to withdraw and consider re-enrollment at a later time.

Students with ANY LIMITATIONS FROM A PHYSICIAN will not be allowed to participate in clinical activities until cleared by a doctor. Physical limitations include but are not limited to a required cast or brace, lifting restrictions, exposure risk, etc.

SEXUAL HARASSMENT

Any suspicion or instance of sexual harassment by students or staff that occurs during the course (classroom, MCHD Campus, clinical sites) will be reported to MCHD Human Resources office. Instructional staff will proceed with an investigation under the guidance and direction for the human resources department.

CLINICAL

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA):

During all clinical rotations, all patient information collected during the scope of this training shall be held confidential in accordance with the HIPAA Law. **STUDENTS will NOT document patient name, address or other identifying information on their clinical paperwork.** HEALTHCARE IS CONFIDENTIAL and should not be discussed among family, friends or others who do NOT have a specific NEED TO KNOW, regardless of their relationship to the patient, without the patient's expressed written permission. All students must complete the HIPAA Training available via the required document tracker.

UNIFORM (Classroom/Clinical)

- See uniform policy above

Cell Phones – Clinical Policy

AT NO TIME will students utilize their cellular telephone during patient care. This includes looking up information, taking pictures, accessing social media, playing games or other activities that may breach HIPAA or be construed as NOT ENGAGING in PATIENT CARE. This is also AT ALL TIMES in the hospital or clinical setting. Down time (not on a clinical rotation) in the EMS setting, the student may access their cellular device with appropriate content.

Note: You may observe staff using their phone while caring for a patient. MCHD Field staff utilize a number of phone-based applications for patient care and safety. This does NOT provide the student with a reason to utilize their phone while on a call.

CLINICAL HOURS AND PROFICIENCY

The following are a requirement for successful clinical completion.

Contact Hours Required

Clinical Location	Minimum Time	Comments
Emergency Room	1 shift	
EMS	48	24 hour shifts
Total	60-70 hours	

**Shift length is defined by the clinical site*

Clinical Skills Required

Emergency Room	MINIMUM	Comments
Patient Assessment	10	
EMS		
Transports	5	
NOTE: ALL PATIENT CONTACTS ON THE AMBULANCE MUST HAVE A REPORT		

CLINICAL SCHEDULING & DOCUMENTATION

All scheduling requests and clinical documentation will be made electronically.

Clinical Scheduling

- The Primary Clinical Care Sites are:
 - **Conroe HCA:** PRECEPTOR REQUIRED: Max students per shift: 2 students per shift
- Alternative Clinical Sites available at the discretion of the course coordinator:
 - **America's ER:** 32784 FM 2978; Magnolia, TX 77354: NO PRECEPTOR REQUIRED, 1 student per shift
 - **Elite Kingwood Hospital:** NO PRECEPTOR REQUIRED: 2 students per shift

Field clinical shifts will be conducted in 24-hour shifts. Students may be required to repeat a clinical shift, or complete additional hours in either the clinical or field environment at the discretion of the course coordinator. 12-hour DAY shifts may be available at the discretion of the course coordinator. Students who submit clinical paperwork after the deadline, or with missing signature or parts of the report may be required to repeat the shift.

At the discretion of the lead instructor, clinical coordinator, or course coordinator there may be imposed a SCHEDULING DEADLINE DATE by which ALL Clinicals must be scheduled. This is to ensure that all students are scheduled timely.

Clinical Sites

Clinical sites are made available on scheduling software. The shift start time and shift hours are listed. Students shall arrive at all shifts at least **15 minutes prior** to the beginning of the shift.

All students shall schedule their EMS shifts with MCHD-EMS. Just because the student has made the request for a shift, DOES NOT guarantee that the shift will be approved. Students may request an EMS District but this is a preference only. Students can be assigned anywhere within MCHD territory for their shift.

If the student has requested an EMS Shift and no station has been assigned, please contact the course coordinator in a timely manner.

It is the student's responsibility to check the scheduling program the day or night before a shift determine if they have been reassigned.

All courses have an end of clinical date. It is the discretion of the course coordinator or clinical coordinator to grant extensions to this due to unforeseen circumstances. Clinicals will not be scheduled after this date unless a specific request is made from the student, identifying the reason why such a request should be considered and granted.

Clinical Documentation

There are two components of clinical documentation: hard-copy paperwork and ImageTrend. Minimum documents to be uploaded to ImageTrend for every clinical shift:

- 1. Clinical Site Evaluation**
- 2. Preceptor Evaluation of student**

ALL paperwork is available for download from JBLearning. Students should arrive at the clinical site with ALL required paperwork. Clinical sites CANNOT print paperwork for students. Student's arriving without clinical paperwork MAY be sent home from their rotation. ALL paperwork MUST be completed with signatures from the preceptor before leaving the clinical site. Failing to have a preceptor signature SHALL result in a zero for the shift. Students will be oriented on the clinical paperwork prior to beginning clinical rotations.

ALL documentation, including paperwork image uploads, MUST occur within 48 hours of the end of the

shift.

Clinical Grading

All clinical reports are reviewed with feedback provided and a grade entered into the gradebook for the shift. Education staff will review all documentation, for completeness and accuracy.

Paperwork without a preceptor signature will not be accepted. The shift will not count and the student will be required to repeat the shift. This will only be allowed once per course. Students with multiple shifts missing signatures will not be eligible to complete the course.

For EMS all refusals, field terminations, and transports must be documented. There is no need to document disregards or no injury dispositions.

- Examples of deductions include but are not limited to:
 - Missing signatures (student)
 - Paperwork completed AFTER deadline.
 - Failure to document all patient contacts on ImageTrend.
 - Spelling mistakes, rambling narrative, no consistent flow of narrative, or otherwise poor documentation that does not relay the extent of the problem, assessment and treatment provided. Deduction will vary based upon grader.
 - Incomplete structured narrative; unless documented elsewhere in the report. Deduction will vary based upon grader.
 - Behavioral, uniform or other issues in which the preceptor must communicate with the course coordinator regarding student participation, performance, etc.
 - Narrative and structured narrative components to the satisfaction of the grader.

Potential Reasons for Clinical Suspension

- Submitting shifts, clinical paperwork or documentation that was not pre scheduled.
- Misrepresenting yourself as a certified EMS professional.
- Insubordinate behavior at the clinical or EMS site
- Unsatisfactory course grade.
- Consistently incomplete clinical documentation
- Two or more shifts FAILED.
- Course coordinator discretion
- **NO CALL/NO SHOW to ANY CLINICAL SHIFT**

Incomplete Course/Clinical

- Students who do not complete clinical within the program's time frame will result in a course failure. The course coordinator reserves the right to issue a course extension as listed below at their sole discretion.
Students granted a course extension will follow the procedure listed below:
- Students who have NOT completed MINIMUM clinical requirements or other course work by the end of the didactic content, may be issued a course completion contract on an individual basis after meeting with the course instructor and course coordinator.
- A 30-day extension **may** be granted to complete the clinical requirements. Extensions will be granted on a case-by-case basis. An extension administrative fee of \$100 will be assessed and must be paid prior to opening clinical scheduling.
- This extension may be repeated once with an additional administrative fee assessed.
- If clinical requirements are not completed after 60 days from the end of the course didactic, then no course completion will be granted.
- Administrative fees may be reduced or waived if extenuating circumstance are present.

Practicing beyond your Training and Certification:

Students SHALL NOT perform any skill above the appropriate skill level. Doing so will result in removal from the course, mandatory reporting to TDSHS and the forfeiture of all monies. Additionally, regardless of the operational guidelines, policies, procedures, and opinions of the EMS, First Responder Organization or other agent at which the student may be employed or volunteer, students are prohibited from performing skills outside of the defined scope of practice and STUDENT environment. Performing any skills beyond your training and/or certification is a violation of TDSHS Rule 157.51 {2} {D, Q, and S}. Any student violating this policy will be immediately dropped from this course and reported to the Texas Department of State Health Services (TDSHS) for disciplinary action.

SKILL PROFICIENCY

All students are required to show skill proficiency in the following skills as required by NREMT and TDSHS for EMT-Basic course completion:

Students will be given opportunity to practice the skills in class. Students are encouraged to practice all skills during open lab time, or before or after class. **Remediation is offered prior to any retest** and is required prior to the final retest. The student will not be allowed to take a final retest until remediation is successful and timely. Success is defined by the lead instructor and course coordinator. Skills are tested throughout the course of the program. Failing to complete a skill in a reasonable time as deemed acceptable by the lead instructor may result in the student being placed on a Performance Improvement Plan or can result in failure of the course and inability to earn course completion. Students who do not participate in skills and use available practice opportunities will not be given additional attempts and will lose affective assessment points.

The following are the skills required by TDSHS and NREMT that students must demonstrate proficiency during the course.

- BVM of Apneic Patient
- Upper Airway Adjuncts & Suctioning
- Mouth-to-mask with O2
- O2 Administration by NRB
- Patient Assessment: Medical/ Trauma
- Splinting: Long Bone/ Joint
- Splinting: Traction
- Bleeding Control & Shock
- Bandaging
- Spinal immobilization: Seated
- Spinal immobilization: Supine
- Cardiac Arrest Mgmt/ AED
- **TDSHS: Vital Signs**
- **TDSHS: Epi Pen**
- **TDSHS: Nebulized Medications**
- **TDSHS: Metered Dose Inhaler**

In addition to the above skills listed, students may complete various patient care scenarios at the discretion of the lead instructor and course coordinator. The patient care scenarios will integrate patient assessment and treatment and is intended to be a capstone evaluation.

There may be other skills that TDSHS, NREMT, the Course Coordinator or Medical Director may want evaluated. This information will be provided as timely as possible to students and staff.

Syllabus Modification

The DSHS Course Coordinator/MCHD Program Director reserves the right to make modifications to the syllabus at their discretion to meet the course objectives and outcomes